

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016A (3/07)

***Applicant Submission for Public Schools or Joint Powers Agencies*****ORI:** \_\_\_\_\_

Code assigned by DOJ

Type of Applicant: (check one) ☐ Classified School Emp. ☐ Credentialed School Emp***The following selections are for Public Schools only:***☐ License, Certification, Permit ☐ Peace Officer ☐ Law Enforcement Personnel ☐ Volunteer

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No.

Street or P.O. Box

Contact Name (Mandatory for all school submissions)

City

State

Zip Code

Contact Telephone Number

Name of Applicant:

(Please print)

Last

First

Middle Initial

AKA's:

Last

First

CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_

SEX: ☐ Male ☐ FemaleMisc. No. **BIL** \_\_\_\_\_

Agency Billing Number

HT: \_\_\_\_\_

WT: \_\_\_\_\_

Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_

HAIR Color: \_\_\_\_\_

Home Address: (Applies only if Youth Org. / HRA or Public Utility submission)

POB: \_\_\_\_\_

Street or P.O. Box

SOC: \_\_\_\_\_

City, State and Zip Code

Your Number: \_\_\_\_\_

OCA No. (Agency Identifying No.)

Level of Service: ☐ DOJ ☐ FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date: \_\_\_\_\_

Transmitting Agency

ATI Number

Amount Collected/Billed

ORIGINAL-Live Scan Operator; SECOND COPY - Applicant; THIRD COPY (if needed) - Requesting Agency